Return of Organization Exempt From Income Tax       Constants         Form 3000         Constants       Constants <th< th=""><th></th><th></th><th></th><th>EXTENDED TO MAY 15, 20</th><th>023</th><th></th><th></th></th<>				EXTENDED TO MAY 15, 20	023				
Form       Year       Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)       Year         Description       Do not enter social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den to hold a social security numbers on this form as it may be made public.       Den hold a social security numbers on this form		~	00	Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047		
Description         Do not anter social socurity numbers on this form as it may be made public.         Open to Public Inspection           A For the 2021 calendar year, or tax year beginning         JUL 1, 2021 and ending         JUN 30, 2022           B orgent Inspection         Council Lion N AGING OF CENTRAL OREGON         9 3-0661229           Doing buildings and street (or PL) on the social socis social social social socis social social social s	Forr	'nУ	<b>YU</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	ept private foundations)	2021		
minimizer stream       Image of the yow with source of the yow beginning       JULI 1, 2021       and ending       JUN 30.0.       2022         B Case J       CName of organization       D Employer Identification number       D Employer Identification number         Interview       COUNCIL ON AGING OF CENTRAL OREGON       93-0661229         Interview       Doing business as       G construction         Interview       Ding business as       G construction         Interview       Councing and address of the provine, country, and ZIP or foreign postal code       G construction         Interview       FARE AS C ABOVE       H(a) is this a group return         Interview       FARE AS C ABOVE       H(b) viait autoritation (Fee Counce in the provine, country, and ZIP or foreign postal code       G constructions         Interview       FARE AS C ABOVE       H(b) viait autoritation       Yee IX No         H(b) viait autoritation       State of seinstructores       H(b) viait autoritation       Yee IX No         Partil       State of seinstructores       H(c) viait autoritation       Yee IX No         Partil       State of the governing body (Part VI, line 10)       I State of keal domicle OR         Partil       State of the governing body (Part VI, line 10)       I state of keal domicle OR         Partinterviewere       If the organization discont									
B       CName of organization       CName of organization       D       Employer identification number         COUNCIL ON AGING OF CENTRAL OREGON       93-0661229       93-0661229         Integration       Doing business as       93-0661229         Integration       Displayer identification number       541-678-5483         Integration       Displayer identification of the state of province, country, and ZIP of foreign postal code       G creatents \$5,283,598.         Integration       SAME AS C ABOVE       Foreign postal code       G creatents \$5,283,598.         Integration       SAME AS C ABOVE       Foreign postal code       H(a) is this a group return         Intervention       SAME AS C ABOVE       Foreign postal code       H(b) is out accounter that is the sentructions         Intervention       SAME AS C ABOVE       Foreign postal code       H(b) is out accounter that is the sentructions         Intervention       Country and address of principal officer. CASSIE REGIMBAL       Foreign postal code       H(b) is out accounter that is the sentructions         Intervention       Country and address of principal officer. CASSIE REGIMBAL       Foreign postal code       H(b) is out and address of principal officer. CASSIE REGIMBAL         Intervention       Country and address of principal officer. CASSIE REGIMBAL       H(b) is out an all sets foreinstructions         Intervention	Intern	al Reve	enue Service				Inspection		
isolationse       COUNCIL ON AGING OF CENTRAL OREGON       93-0661229         Doing business as       Doing business as       93-0661229         Number and street (or P.O. box if mail is not delivered to street address)       Foom/suite       E Telephone number         1036 NE STH STREET       541-678-5483       Garcestes 5, 283, 598.         Instrument       BBND, OR 97701       Formation and street (or P.O. box if mail is not delivered to street address)       Foom/suite       E Telephone number         SAME AS C ABOVE       Instrument       Nome and address of principal officer: CASSIE REGIMBAL SAME AS C ABOVE       Yes X No         I Taxexempt status X I S01(c)(S)       501(c) (I = 4 (insert no.)       4947(a)(1) or 527       Yes X another status and status contrast industry       Yes X No         Y emports       COUNCILONAGING.ORG       Humber of comparization's mission or most significant activities:       RESPONSIBLE FOR ADMINISTERING         Part II Summary       1 Streight describe the organization discontinued its operations or disposed of more than 25% of its net assets.         Number of volumeers of the governing body (Part Vi, line 1a)       3       8         4 Number of individuals employed in calendar year 2021 (Part V, line 1a)       5       39         5 Totai number of individuals employed in calendar year 2021 (Part V, line 1a)       3       8         6 Totai number of individuals employed in calend	<u>A</u> F	or th			ending J				
Image: Provide in the image: set of the image: set o	<b>B</b> C a	heck if pplicab	le: C Name of	organization		D Employer identificat	tion number		
Image: Provide in the image: set of the image: set o	X	Addre		CTL ON AGING OF CENTRAL OREGON					
Image       Number and street (or P.0. box if mail is not delivered to street address)       RoomSuite       E Telephone number         Instruction       1036 NR 57H S7REET       Stude of Research and address of principal officer; CASSIE REGIMBAL       E Gover receives 5, 283, 598.         Image and address of principal officer; CASSIE REGIMBAL       F Name and address of principal officer; CASSIE REGIMBAL       H(a) is this a group return         Image and address of principal officer; CASSIE REGIMBAL       F Name and address of principal officer; CASSIE REGIMBAL       H(b) are all subordinates incluser)       Vess IN to Match and the See instructions         Image and address of principal officer; CASSIE REGIMBAL       F No.* attach a list. See instructions       H(b) are all subordinates incluser)       Vess IN to Match and the See instructions         Image and address of principal officer; CASSIE REGIMBAL       Form of origination; I OROMAGING, ORG       H(b) are all subordinates incluser)       Vess IN to Messare         Image and the organization's mission or most significant activities:       RESPONSIBLE FOR ADMINISTERING       FBDERAL, STATE AND LOCAL GRANTS DESIGNED TO MEET THE HEALTH AND         2       Crack this box >       If the organization's mission or most significant activities:       RESPONSIBLE FOR ADMINISTERING         FBDERAL, STATE AND LOCAL GRANTS DESIGNED TO MEET THE HEALTH AND       2       Sate of legal domicipic OR         2       Crack this box >       If the organization's mission or most s		Name	4			93-0661229	)		
Image: Second Secon		Initial			Room/suite	E Telephone number			
City or town, state or province, country, and ZIP or foreign postal code BEND, OR 97701       Geness resears 5,283,598.         Partial Bender SAME AS C ABOVE       H(a) is this a group return for subordinates? Ves X No         1       Tax exempt status: X 501(c)(3)		Final	1036			541-678-54			
Image: Properties of principal officer: CASSIE REGIMBAL for subordinates?       for subordinates?       Yes       No         I Taxe-empt status: XI Sol1(x)(3)       501(c)(x)       (insert no.)       4947(a)(1) or       527       H*No.***********************************		termi ated	<sup>n-</sup> City or t			G Gross receipts \$	5,283,598.		
H(b) xe all abcordmass includer] Yes _ No         1 Tax-exempt status: X 501(c)(3 501(c) ( ) ◀ (insert n0.) 4947(a)(1) or 527       H(b) xe all abcordmass includer] Yes _ No         1 Breket: COUNCILONAGING.ORG       H(b) xe all abcordmass includer] Yes _ No         Yes E COUNCILONAGING.ORG       H(b) xe all abcordmass includer]         Yes E COUNCILONAGING.ORG       I Breffy describe the organization's mission or most significant activities: RESPONSIBLE FOR ADMINISTERING         Pertor Year       Tata and the optical governing body (Part V, line 1a)       3         3 Number of voting members of the governing body (Part V, line 2a)       5       39         6 Total number of ondunteers (estimate in necessary)       6       3778         7 a Total number of ondurteers (estimate in necessary)       5       53, 329.37, 426.3         9 Program service revenue (Part VII, line 2a)       53, 329.37, 426.1       3, 244.1         10 Investment income (Part VII, column (A), lines 1.3)       0.00.00.00.00.00.00.00.00.00.00.00.00.0		returr							
SABE AS C ABOVE       F(B) Are all abordnakes included?       Yes       No         I Bacexempt status: X Site (S) S01(c) ( ) ▲ (insert no.)       4947(a)(1) or       527       H(B) Are all abordnakes included?       Yes       No         J Website: COUNCILONAGING.ORG       Tust       Association       Other L Year of formation: 1975       M State of legal domicile: OR         Part.II       Summary       I Briefly describe the organization's mission or most significant activities:       RESPONSIBLE FOR ADMINISTERING         FEDERAL, STATE AND LOCAL GRANTS DESIGNED TO MEET THE HEALTH AND       2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.       3 Number of voting members of the governing body (Part VI, line 1a)       4       8         3 Number of voting members of the governing body (Part VI, line 2a)       6       379       5       3 (317, 797.       5, 242, 838.         7 a Total number of volunteers (setimate if necessary)       6       33, 317, 797.       5, 242, 838.       3, 317, 797.       5, 242, 838.         9       Program service revenue (Part VIII, line 2g)       3, 406, 607.       5, 283, 598.       1         10       Investment income (Part VIII, lines 2, 4, and 7d)       0.       0.       0.       0.         10       Investment income (Part VII, column (A), lines 1.3)       0.       0.       0.		tion							
J       Website: ►       COUNCILONAGING.ORG       H(c) Group exemption number         K       Form of organization: X       Corporation       Trust       Association       Other ►       L Year of formation: 19.75       M State of legal denicite; OR         Part II       Summary       I       Briefly describe the organization's mission or most significant activities: RESPONSTBLE FOR ADMINISTERING         FEDERAL,       STATE AND LOCAL GRANTS DESIGNED TO MEET THE HEALTH AND         2       Check this box ►       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       8         4       Number of individuals employed in calendar year 2021 (Part V, line 2a)       6       378         5       Total number of volunteres (estimate if necessary)       6       378         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         9       Program service revenue (Part VIII, line 1n)       3, 317, 797.       5, 242, 838.         9       Program service revenue (Part VIII, line 3, 4, and 7d)       0, 0       0.       0.         10       Other revenue (Part VIII, column (A), lines 1.3)       0, 0       0.       0.         14       Benefits paid to or for members (Part IX,			SAME			• •			
K form of organization:       X Corporation       Trust       Association       Other       L year of formation:       1975       M State of legal domicile: OR         PartIl       Summary       I Briefly describe the organization's mission or most significant activities:       RESPONSIBLE       FOR ADMINISTERING         PEDERAL, STATE AND LOCAL GRANTS DESIGNED TO MEET THE HEALTH AND       3       8         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       8         3       Number of voting members of the governing body (Part VI, line 1a)       3       8         4       Number of individuals employed in calendar year 2021 (Part V, line 2a)       6       378         6       Total number of volunteers (estimate if necessary)       7a       0.       7b       0.         7       Total number of volunteers (estimate if necessary)       7a       7a       0.       7b       0.         9       Program service revenue (Part VIII, column (C), line 12       7a       0.       7a       0.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       3, 317, 797.       5, 2422, 838.       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       3, 406, 607.       5, 283,					or 🔄 527	1			
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: RESPONSTBLE FOR ADMINISTERING         FEDERAL, STATE AND LOCAL GRANTS DESIGNED TO MEET THE HEALTH AND         2       Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       a         4       Number of independent voting members of the governing body (Part VI, line 2a)       5         5       Total number of independent voting members of the governing body (Part VI, line 2a)       6         6       Total number of volunters (estimate if necessary)       6         7       Total number of volunters (estimate if necessary)       6         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a         0       Destimetin income (Part VIII, lines 3, 4, and 7d)       35, 481.         10       Investment income (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)       0.         12       Total revenue (Part VIII, column (A), lines 5, 40, 8c, 9c, 10c, and 11e)       0.         13       Grats and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       1, 425, 655.       1, 763, 841.					I Veer				
I Briefly describe the organization's mission or most significant activities: RESPONSIBLE FOR ADMINISTERING FEDERAL, STATE AND LOCAL GRANT'S DESIGNED TO MEET THE HEALTH AND         2 Check this box >					IL Year	or iormation: 1973 M 3	state of legal dominine. Or		
FEDERAL, STATE AND LOCAL GRANTS DESIGNED TO MEET THE HEALTH AND         2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3       8         4 Number of independent voting members of the governing body (Part VI, line 1a)       3       8         5 Total number of individuals employed in calendar year 2021 (Part VI, line 2a)       6       3778         6 Total number of volunteers (estimate if necessary)       6       3778         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         9 Net unrelated business revenue from Form 990-T, Part I, line 11       7b       0.         9 Program service revenue (Part VIII, line 1h)       9 7. 422, 838.       3, 317, 797.       5, 2422, 838.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       135, 481.       3, 324.       0.       0.         11 Other revenue (Part VIII, column (A), lines 5, 6d, &c, gc, 10c, and 11e)       0.       0.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.       0.         14 Other revenue (Part VIII, column (A), lines 5)       3, 155.       1, 674, 070.       1, 860, 156.       3, 099, 725.       3, 623, 997.         1				e the organization's mission or most significant activities. BESPC	ONSTRL	E FOR ADMINIS	TERING		
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       39         6       Total number of volunteers (estimate if necessary)       6       378         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year       7a         8       Contributions and grants (Part VIII, line 1h)       3, 317, 797.       5, 242, 838.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       35, 481.       3, 329.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10)       3, 406, 607.       5, 283, 598.         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 674, 070.       1, 860, 156.         16       Total expenses (Part IX, column (A), line 12       3, 06, 882.       1, 659, 601.         16a       Professional fundraising fees (Part IX, column (A), line 25)       3, 155.       1, 674, 070.       1, 860, 156.         17       Other expenses (Part	e	1	FEDERAL	. STATE AND LOCAL GRANTS DESIGNED	TO MEE	T THE HEALTH	AND		
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       39         6       Total number of volunteers (estimate if necessary)       6       378         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year       7a         8       Contributions and grants (Part VIII, line 1h)       3, 317, 797.       5, 242, 838.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       35, 481.       3, 329.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10)       3, 406, 607.       5, 283, 598.         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 674, 070.       1, 860, 156.         16       Total expenses (Part IX, column (A), line 12       3, 06, 882.       1, 659, 601.         16a       Professional fundraising fees (Part IX, column (A), line 25)       3, 155.       1, 674, 070.       1, 860, 156.         17       Other expenses (Part	nan	2							
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       39         6       Total number of volunteers (estimate if necessary)       6       378         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       3, 317, 797.       5, 242, 838.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       35, 481.       3, 329.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 510)       3, 406, 607.       5, 283, 598.         13       Grants and similar amounts paid (Part IX, column (A), lines 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1, 425, 655.       1, 763, 841.         16       Professional fundraising fees (Part IX, column (A), line 25)       3, 195.       1, 674, 070.       1, 860, 156.         17       Other expenses (Part IX, column (A), line 25)       3, 099, 725.       3, 623, 997.       3, 099, 725.       3	ver								
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       39         6       Total number of volunteers (estimate if necessary)       6       378         7a       Total number of volunteers (estimate if necessary)       6       378         7a       Total number of volunteers (estimate if necessary)       6       378         7a       Total number of volunteers (estimate if necessary)       6       378         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         8       Contributions and grants (Part VIII, column (A), line 12       797.5.242.2.838.       3.317.797.5.242.2.838.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       35.481.       3.329.       0.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13.       0.       0.       0.       0.	ဗီ		4 Number of independent voting members of the governing body (Part VI, line 1b)						
b Net unrelated business taxable income from Form 990-T, Part I, line 11       I7b       0.         Prior Year       Current Year         3, 317, 797.       5, 242, 838.         9 Program service revenue (Part VIII, line 1h)       53, 329.       37, 436.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       35, 481.       3, 324.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 1.3)       0.       0.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       3,155.       1,674,070.       1,860,156.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,674,070.       1,860,156.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,099,725.       3,623,997.         19 Revenue less expenses. Subtract line 18 from line 12       306,882.       1,659,601.         19 Revenue less expenses. Subtract line 18 from line 12       3,578,594.       5,395,259.         20 Total assets (Part X, line 26)       781,034.	s S	5							
b Net unrelated business taxable income from Form 990-T, Part I, line 11       I7b       0.         Prior Year       Current Year         3, 317, 797.       5, 242, 838.         9 Program service revenue (Part VIII, line 1h)       53, 329.       37, 436.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       35, 481.       3, 324.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 1.3)       0.       0.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       3,155.       1,674,070.       1,860,156.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,674,070.       1,860,156.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,099,725.       3,623,997.         19 Revenue less expenses. Subtract line 18 from line 12       306,882.       1,659,601.         19 Revenue less expenses. Subtract line 18 from line 12       3,578,594.       5,395,259.         20 Total assets (Part X, line 26)       781,034.	vitie	6	Total number	of volunteers (estimate if necessary)		6			
b Net unrelated business taxable income from Form 990-T, Part I, line 11       I7b       0.         Prior Year       Current Year         3, 317, 797.       5, 242, 838.         9 Program service revenue (Part VIII, line 1h)       53, 329.       37, 436.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       35, 481.       3, 324.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 1.3)       0.       0.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       3,155.       1,674,070.       1,860,156.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,674,070.       1,860,156.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,099,725.       3,623,997.         19 Revenue less expenses. Subtract line 18 from line 12       306,882.       1,659,601.         19 Revenue less expenses. Subtract line 18 from line 12       3,578,594.       5,395,259.         20 Total assets (Part X, line 26)       781,034.	Acti								
8       Contributions and grants (Part VIII, line 1h)       3, 317, 797.       5, 242, 838.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       35, 481.       3, 324.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.		b	Net unrelated	business taxable income from Form 990-T, Part I, line 11					
9       Program service revenue (Part VIII, line 2g)       53,329.37,436. 35,481.3,324.3,324. 35,481.3,324.									
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 406, 607.       5, 283, 598.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1, 425, 655.       1, 763, 841.         16a       Professional fundraising fees (Part IX, column (A), line 25)       3, 155.       1, 674, 070.       1, 860, 156.         17       Other expenses (Part IX, column (A), line 25)       3, 155.       1, 674, 070.       1, 659, 601.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3, 099, 725.       3, 623, 997.         19       Revenue less expenses. Subtract line 18 from line 12       306, 882.       1, 659, 601.         20       Total assets (Part X, line 16)       3, 578, 594.       5, 395, 259.         21       Total liabilities (Part X, line 26)       781, 034.       947, 474.         22       Net assets or fund balances. Subtract line 21 from line 20       2, 797, 560.       4, 447, 7	e								
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 406, 607.       5, 283, 598.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1, 425, 655.       1, 763, 841.         16a       Professional fundraising fees (Part IX, column (A), line 25)       3, 155.       1, 674, 070.       1, 860, 156.         17       Other expenses (Part IX, column (A), line 25)       3, 155.       1, 674, 070.       1, 659, 601.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3, 099, 725.       3, 623, 997.         19       Revenue less expenses. Subtract line 18 from line 12       306, 882.       1, 659, 601.         20       Total assets (Part X, line 16)       3, 578, 594.       5, 395, 259.         21       Total liabilities (Part X, line 26)       781, 034.       947, 474.         22       Net assets or fund balances. Subtract line 21 from line 20       2, 797, 560.       4, 447, 7	/eni			· · ·					
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3,406,607.       5,283,598.         13       Grants and similar amounts paid (Part IX, column (A), line 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,425,655.       1,763,841.         16a       Professional fundraising fees (Part IX, column (D), line 25)       3,155.       0.       0.         17       Other expenses (Part IX, column (D), line 25)       3,155.       1,674,070.       1,860,156.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,099,725.       3,623,997.         19       Revenue less expenses. Subtract line 18 from line 12       306,882.       1,659,601.         19       Revenue less expenses. Subtract line 18 from line 12       3,578,594.       5,395,259.         20       Total assets (Part X, line 16)       3,578,594.       5,395,259.         21       Total liabilities (Part X, line 26)       781,034.       947,474.         22       Net assets or fund balances. Subtract line 21 from line 20       2,797,560.       4,447,785.          Signature Block       2,797,560.	Re								
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.000         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,425,655.1,763,841.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.000         b       Total fundraising expenses (Part IX, column (D), line 25)       3,155.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,674,070.1,860,156.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,099,725.3,623,997.         19       Revenue less expenses. Subtract line 18 from line 12       306,882.1,659,601.         20       Total assets (Part X, line 16)       3,578,594.5,395,259.         21       Total liabilities (Part X, line 26)       781,034.947,474.         22       Net assets or fund balances. Subtract line 21 from line 20       2,797,560.4,4447,785.         Part II       Signature Block       2,797,560.4,447,785.									
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,425,655.1,763,841.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.000         b       Total fundraising expenses (Part IX, column (D), line 25)       3,155.         17       Other expenses (Part IX, column (A), line 11e, 11d, 11f-24e)       1,674,070.1,860,156.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,099,725.3,623,997.         19       Revenue less expenses. Subtract line 18 from line 12       306,882.1,659,601.         20       Total assets (Part X, line 16)       3,578,594.5,395,259.         21       Total liabilities (Part X, line 26)       781,034.947,474.         22       Net assets or fund balances. Subtract line 21 from line 20       2,797,560.4,4477,785.				- ilevente en del (Deut IV, en deuer (A), liere (1,0)					
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,425,655.       1,763,841.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       3,155.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,674,070.       1,860,156.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,099,725.       3,623,997.         19       Revenue less expenses. Subtract line 18 from line 12       306,882.       1,659,601.         20       Total assets (Part X, line 16)       3,578,594.       5,395,259.         21       Total liabilities (Part X, line 26)       781,034.       947,474.         22       Net assets or fund balances. Subtract line 21 from line 20       2,797,560.       4,447,785.         Part II       Signature Block       2,797,560.       4,447,785.					······				
16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b Total fundraising expenses (Part IX, column (D), line 25)       3,155.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       1,674,070.       1,860,156.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,099,725.       3,623,997.         19 Revenue less expenses. Subtract line 18 from line 12       306,882.       1,659,601.         20 Total assets (Part X, line 16)       8eginning of Current Year       End of Year         21 Total liabilities (Part X, line 26)       781,034.       947,474.         22 Net assets or fund balances. Subtract line 21 from line 20       2,797,560.       4,447,785.         Part II       Signature Block       Signature Block	6		•						
17       Other expenses (1 at 1X, column (A), lines 11a 11d, 111246)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         21       Total Biginature Block	Ise:								
17       Other expenses (1 at 1X, column (A), lines TraTtd, Thr2te)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20         21       Signature Block	ber				55.				
19 Revenue less expenses. Subtract line 18 from line 12306,882.1,659,601.Beginning of Current YearEnd of Year20 Total assets (Part X, line 16)3,578,594.5,395,259.21 Total liabilities (Part X, line 26)781,034.947,474.22 Net assets or fund balances. Subtract line 21 from line 202,797,560.4,447,785.Part IISignature Block	ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)					
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)3,578,594.5,395,259.21Total liabilities (Part X, line 26)781,034.947,474.22Net assets or fund balances. Subtract line 21 from line 202,797,560.4,447,785.Part IISignature Block35		18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)					
Part II Signature Block			Revenue less	expenses. Subtract line 18 from line 12					
Part II Signature Block	s or					ginning of Current Year	End of Year		
Part II Signature Block	ssets Jalan	20							
Part II Signature Block	et As nd B	21							
		22				2,191,560.	4,44/,/85.		
					and stateme	nts and to the best of my kr	owledge and belief it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CASSIE REGIMBAL, EXECUTIVE DIRECTOR Type or print name and title	Date									
Preparer	Firm's name PRICE FRONK & CO	Firm's EIN <b>93-0620214</b>									
Use Only	Firm's address 2796 NW CLEARWATER DR										
-	BEND, OR 97703 Phone no. 541-382-4791										
May the I	May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	132001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

<b>F</b>	990 (2021) COUNCIL ON AGING OF CENTRAL OREGON	93-0661229 Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: RESPONSIBLE FOR ADMINISTERING FEDERAL, STATE AND LOCAL G	RANTS DESIGNED
	TO MEET THE HEALTH AND WELFARE NEEDS OF THE ELDERLY IN D	ESCHUTES,
	JEFFERSON, AND CROOK COUNTIES OF CENTRAL OREGON.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 444,321. including grants of \$) (Reven	12,900.)
70	IN HOME SERVICE AND OTHER FUNDS: PROVIDE HOME CARE AND O	
	TO OLDER ADULTS.	
4b		nue \$ )
	SUPPORTIVE SERVICES AND SENIOR CENTERS: SENIOR ADVOCACY, TRANSPORTATION, OUTREACH, CASE MANAGEMENT, INFORMATION A	ND REFERRAL
	HOME REPAIR, LEGAL SERVICES, TRAINING AND OTHER PROGRAMS	
		••••••••••••••••••••••••••••••••••••••
		••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ 1,721,235 . including grants of \$) (Reven	ue\$ <b>24,536.</b> )
40	(Code:)(Expenses \$, 721, 235. including grants of \$) (Reven NUTRITION FUNDS: OPERATE SENIOR MEAL SITES AND HOME DELI	
	PROGRAM.	
	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses ► 3,326,752.	Form <b>990</b> (2021)
132002	2 12-09-21	
	3	

11570515 250754 09555

2021.05080 COUNCIL ON AGING OF CENTR 09555\_\_1

Form 990 (202		COUN	-		
Part IV C	hecklist of	Required	Sch	edul	es

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
1E	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>x</u>
15				х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	10		
19		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		х
132003			<b>990</b> (	2021)

Form 990 (2021)	COUNCIL		
Part IV Checklist of	<b>Required Sch</b>	edule	s (continued)

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
27				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		000		x
<b>b</b>	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive andre than \$25,000 in horecash contributions? <i>If "Yes," complete Schedule IV</i>	29		- 23
50		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>			
32		00		х
22	Schedule N, Part II	32		
33				х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	Grook in Ochequie O Contains a response of flote to any life in this Fait V		Vac	
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a1.3Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
c	(gambling) winnings to prize winners?	1c		
132004	(ganoing) withings to prize withers:		990	(2021)
102004	5			(

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2021.05080 COUNCIL ON AGING OF CENTR 09555\_\_1

Form 990 (2021)	COUNCIL	ON	AGING	OF	CENTRAL	ORE	<u> JON</u>
Part V Statements	Regarding Otl	ner IF	RS Filings	and	Tax Compl	iance	(continued)

b       if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year perminum, directly or indirectly on a personal benefit contract?       7e       X         d       Did the organization, during the year, apy perminum, directly or indirectly on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required?       7n       7         f       Sponsoring organization maintaining dorn advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a         D id the sponsoring organization make a distribution to a donor, donor advised funds.       10a       10a       10a         1       Section 501(c)(2) organizations. Enter:       10a       10b       10a       10a         1       Section 501(c)(2) organizations. Enter:       10a       10b       11a       10a         1       Section 501(c)(2) organizations. Enter:       11a       10a			1	1		Yes	No	
bit at least one is reported on line 2a, do the organization file at required to anda. See instructions.       2b       X         Note: If the sum of line 2a, do the organization file at required to anda. See instructions.       2b       X         a Dat the organization have instruction to any be required to anda. See substructions.       2b       X         b If Yes, "Instruction have instruction bave instructions are and instruction have instructions.       2b       X         b If Yes, "Instruction have instruction have instructions.       2b       X       X         b If Yes, "Instructions for ling coupling year?       4d       X       X         b If Yes, "Instructions for ling coupling year?       4d       X       X         b If Yes, "Instructions for ling coupling year?       5e       X       2b         b If any statuble party notify the organization for BMBE T       any contributions that we not a party to a prohibited tax shear?       5e       X         c If Yes," total the organization for BMBE T       any contributions that wen or tax doductible a contributions?       7e       X         b If Yes," total the organization for BMBE T       and party tax atom contributions on grifs       6e       X         b If Yes," total the organization for BMBE T       and party tax atom contributions of grifs       6e       X         b If Yes," total the organization for BMBE T       anot con	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
b In Altable file a sum of lines 1 and 2.8 is greater than 250, you may be required to a -Alta, See instructions.       38         30 Did the organization have unrelated baseness gross income of \$1,000 or more during the year?       38         41 Arey time during the calendar year, did the organization have an interest in, or a signature or other authority own, a financial accounts or using the account, security?       44         52 If "Yes," near the name of the foreign country to be a base account, security accounts?       56         53 Bit was the organization have an intervent in, or a signature or other authority own, a financial accounts or using the account, security?       56         54 Was the organization have many accounts developed accounts or using the tax year?       56         54 Did any stassible party notify the organization have an intervent in, or a prohibited tax shaler transaction?       56         55 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization near worms attement the stuch contributions or gifts         66 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization near worms attement the stuch on the stuch on structures or gifts         70 Organization have annual gross receipts discos of targing been appropring to a structure or gifts       70         70 Organization have annual gross receipts discos of targing been appropring to a structure or gifts       70         71 Organization						37		
32         Did the organization have unrelated business gross income of \$1,000 or more during the year?         38         X           34         Dif Yon, That Hind a Form S000 Tor Thin year? Which the organization have an inferest in, or a signature or other authority over, and a provide and signature or other authority over, and a construction fail were not authority over and a construction an express statement that such contributions constitutions and reviews growided to the payor?         5a         X           7 Use, "did the organization include with every solicitation an express statement that such contributions construction?         6a         X           8 If "Yes," did the organization include with every solicitation an express statement that such contributions or again and series provided?         7a         X           9 If the organization neuler of the value of the goods or services provided?         7a         X         X           10 If the organization neuler of the v	b							
ab     bit TVs, "the at the a Form 990-T for this year" (# You're bine 3b, provide an explanation on Schedule 0     3b       4     At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accurrent a longing country (such as a bark account; securities account; or other financial account?)     4a       bit TVs, "enter the name of the foreign country b     See instructions for fining requirements for finicacity accounts of the financial Accounts (FEAP).     5a       5a     bit Avs, "and the organization have the are or a party to a prohibited tax sheller transaction of a during the tax year?     5a       5a     bit Avs, "and the organization have that are or a party to a prohibited tax sheller transaction?     5a       5a     bit Avs, "did the organization have organization that were or a party to a prohibited tax sheller transaction?     5a       5a     bit Avs, "did the organization have tax a out any time during the tax shell accounts?     5a       5a     bit Avs, "did the organization have organization have tax a contributions?     5a       7b     Tys, "did the organization neuro sample account organization have organization neuro sample accounts?     5a       7b     Tys, "did the organization neuro sample account of the organization neuron sample accounts?     5a       7c     Tys, "did the organization neuron accounts account or during the tax shell at the organization sample accounts?     5a       7c     Tys, "did the organization neuro during the value of the organization ne			s				v	
a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a transmal account in a torigin country such as a bank account, securities account, or other financial account?       4a         b If ***s, "inter the name of the longin country."       4a       X         B Wes the organization party to cognization that two or is a party to a prohibited tax shelfer transaction?       5b       X         B Was the organization party to organization that two or is a party to a prohibited tax shelfer transaction?       5b       X         B Was the organization have anoung coss receipts that are normally greater than \$100,000, and dithe organization for the way solicitation an appress statement that such contributions or gifts       6a       X         B If **s, "idd the organization include with way solicitation an appress statement that such contributions that way nor by the donor of the value of the goods and services provided to the party if a contribution appress to the party of which is was required to the formation receive active data of the goods end services provided?       7a       X         D If **s, "idd the organization include with way solicitation an appress benefit contract?       7c       X       X         D If the organization setular solicit for forms 8826?       7a       X       X       X         D If the organization setular solicit forms the donor of the value of the goods en services provide?       7a       X         D If the organization cevice a contribution of qualitad instinction groups, duality and an	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?						
the result     the organization approximation of the value of the organization approximation approximation approximation approximation approximation approximation approximation approximation that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?     text       5a     Was the organization approximation that it was or is a party to a prohibited tax shelter transaction?     text       5b     Was the organization the organization that it was or is a party to a prohibited tax shelter transaction?     text       5b     D da ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     text       5c     Decemportation the argument approximation that it was or is a party to a prohibited tax shelter transaction?     text       5c     Dift was, tid the organization the organization that may time during the tax year?     text       6c     Dift was organization have may neexive deductible as charitable contributions and party for posta and services provided to the payor?     text       7c     Types, it dift erganization neity the donor of the value of the gode or services provided?     text       7c     Types, it dift erganization neity the donor of the value of the gode or services provided?     text       7c     Types, it dift erganization cereive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     text       7d     Types, it dift erganization neity and the donor of the value of the donor advisor, or related person?     text       7d <t< td=""><td></td><td></td><td></td><td></td><td><u>3b</u></td><td></td><td>┝───</td></t<>					<u>3b</u>		┝───	
b If 'Yas, 'Indicate the nume of the foreign country ▶ See instructions for illing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAF), See instructions for illing acquirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAF), See instructions for the organization in the value of the provided tax whether transaction? 59. Was the organization approximation that it was or is a party to a prohibited tax what'r transaction? 50. So the organization neave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were nort tax deductible contributions under section 170(c). 10. Organizations that may receive deductible contributions under section 170(c). 10. If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 10. Organizations that may receive deductible contributions under section 170(c). 10. If 'Yes,' did the organization include with every solicitation and party to goods and services provided to the asym? 11. 'Yes,' fudicate the number of Forms 8282 filed during the year 12. Did the organization notify the doors of the value of the goods or services provided 7. 12. Did the organization notify the doors of indirectly, to pay prentums on a personal benefit contract? 13. Did the organization meaves a contribution of qualited indirectual property for which it was required 13. Did the organization meaves a contribution of qualited indirectual property (ad the organization file a Good Contribution of qualited indirectual property (ad the organization file a Gorm 108-C? 14. Just and the during the year. Pay premiums, directly on indirectly, on a personal benefit contract? 14. The organization meaves a contribution of qualited indirectual property. 15. Section 501(c)?? Organizations. Enter: 16. Did the organization file a contribution of qualited indirectual property (ad the organization file a G	4a						v	
See instructions for fing requirements for Fin/CN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).         See instructions for thing requirements for Fin/CN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).         See in Yea' to line 5 or 50, did the organization file Form 88887?         See in Yea' to line 5 or 50, did the organization file Form 88887?         See in Yea' to line 5 or 50, did the organization file Form 88887?         See in Yea' to line 5 or 50, did the organization file form 88887?         See in Yea' to line 5 or 50, did the organization file Form 88887?         See in Yea' to line 5 or 50, did the organization include with every solicitation an express statement that such contributions or gifs were not tax deductible?         See in Yea' to line organization include with every solicitation an express statement that such contributions or gifs were not tax deductible?         See in Yea' to line organization for Form 5287 57 mate party as a contribution and party for goods and services provided to the party?         Te in Yea' to line form 8282?         See in Yea' to line form 8282?         Te in Yea' to line form 8282?         Te in Yea' to line organization necess of \$75 mate party is a contribution of caudios previses particles provided?         Te in Yea' to line form 8282?         Te in Yea' to line form 8282         Te in Yea' to line form 8282.         Te in Yea' to line form 8282.         Te in Yea' to line form 8282.         Te in Yea' to line form 8283         Te in Yea' to line form 8284         Te in Yea' to line form 8282.         Te in Yea' to line form 8284         Te in Yea' to lin			ccoui	nt)?	. <u>4a</u>			
Ge     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     Set     Set     X       b     Did any taxable party neity the organization that was or is a party to a prohibited tax shelter transaction?     Set     Set       Ge     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles are shartable contributions?     Set     X       B     T'ves', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     Set     Set       D     Did the organization neitity parties dispose of tangible personal property for which it was required to the part?     To     To       c     Did the organization neitity party funds, directly to party for which it was required to the form \$222 filed during the year     Td     Td       d     If 'Yes, 'indicate the number of Forms \$222 filed during the year     Td     Td     X       f     Did the organization neevice actinchultion of quantific indirectly an parentil contract?     Tf     X       f     Did the organization neevice actinchultion of quantific indirectly an parentil contract?     Tf     X       f     Did the organization neevice actinchultion of quantific indirectly an parentil contract?     Tf     X       f     Did the organization neevice acontribution of quantific intakenultis pr	b				-			
b D dary stable party neity the organization that it was or is a party to a prohibited tax shelter transaction?       bb dary stable party neity the organization the Form 8888-17         c If "Yes" to line 6 ar 05b, did the organization line Form 8888-17       bb dary stable party neity the organization stable contributions?       bb dary stable party neity the organization stable contributions?       bb dary stable party neity the organization stable contributions?       bb dary stable party neity the organization stable contributions?       bb dary stable party neity to goods and services provided to the payor?       bb dary stable party neity to goods and services provided to the payor?       bb dary stable party neity to goods and services provided to the payor?       bb dary stable party neity to goods and services provided to the payor?       bb dary stable party neity to goods and services provided to the payor?       bb dary stable party neity to goods and services provided to the payor?       bb dary stable party neity to goods and services provided to the payor?       bb dary stable party neity to goods and services provided to the payor?       bb dary stable party neity to goods and services provided to the payor?       cd dary stable party neity to goods and services provided to the payor?       cd dary stable party neity to goods and services provided to the payor?       cd dary stable party neity to goods and services provided to the payor?       cd dary stable party neity to goods and services payor.       cd dary stable party neity to goods and services provided to the payor?       cd dary stable party neity to goods and services provided to the payor?       cd dary stable payor payo					_		v	
b bit mathematical and the organization file Form 888-677       5c         6c       5c         7c       7c	5a							
Generation       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of the organization include with every solicitation are express statement that such contributions or gitts were not tax deductible contributions under section 170(c).       Bo         0       Organizations that may receive deductible contributions under section 170(c).       Bo         0       Did the organization receive a payment in excess of \$7 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         0       Did the organization contributions under section 170(c).       Did the organization receive a payment in excess of \$7 made partly as a contribution and partly for goods and services provided T       7a       X         0       Did the organization contributions dispose of tangible personal property for which it was required to file form 8282?       7c       X         10       the organization contribution of qualified intelectual property, did the organization file form 8282?       7d       7f       X         10       the organization excelved a contribution of qualified intelectual property, did the organization file form 8282?       7d       7f       X         11       the organization neceived a contribution of area, boats, alriphanes, or other vehicles, did the organization file form 8290 as required?       7f       X         12       the organization neceived a contribution of area, boats, alriphanes, area fond and the organiza								
any contributions that were not tax deductible as chartable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b         7 Organizations that may receive deductible contributions under section 170(c).       6b       6b         0 If the organization reselve apprent in excess of \$75 made party is a contribution and party for goods and services provided to the payor?       7a       X         b If "Yes," did the organization nesite, apprent in excess of \$75 made party to pay prentitions on a personal benefit contract?       7c       X         c Did the organization nesite, and, firectly or indirectly, to pay prentitions on a personal benefit contract?       7c       X         f If the organization receive a contribution of cars, boats, atplanes, or other vehicles, did the organization received a contribution of cars, boats, atplanes, or other vehicles, did the organization received a contribution of cars, boats, atplanes, or other vehicles, did the organization file a Form 108PC?       7n         A If the organization maximing donor advised funds.       8a       8a       8a         sponsoring organization maximing donor advised funds.       8a       8a       8a         a Did the sponsoring organization make any taxable distributions under section 4966?       8a       8a       8a         b Did the sponsoring organizations. Enter:       10a       10a       10a       10a       10a					50			
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Generalizations that may receive deductible contribution and party for goods and services provided to the payor?         7a       X         7b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a         7b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a         7c       X       X         7d       If "Yes," did the organization receive a payment in excess of \$75 made party sas contribution and party for which it was required to file Form 8282?       7d         7d       If "Yes," did the organization received a contribution of qualified intelectual property, did the organization file a Form 1088-C?       7d         7d       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       7h         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised fund. Did avised fund maintaine with exable distributions under section 49667       9a         9       Sponsoring organization maintaining donor advised fund maintained by the sponsoring organization. The arabeholders       9a         10       the sponsoring organization maintaining donor advised fund maintained dothoff(2/1) organization. Enter: <t< td=""><td>6a</td><td></td><td></td><td></td><td>62</td><td></td><td>x</td></t<>	6a				62		x	
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6b       0     Did the organization nective a payment in excess of 5/5 made partly as a contribution and partly for goods and services provided?     7a     X       0     Did the organization nective depayment in excess of 5/5 made partly as a contribution and partly for goods and services provided?     7a     X       0     Did the organization nective apyment in excess of 5/5 made partly as a contribution of the sevences provided?     7d     X       0     Did the organization neceve any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7d     X       11     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       12     Did the organization exceeve any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       13     Did the organization maintaining donor advised funds.     Did the organization file a Form 1098-C?     7h       14     the organization maintaining donor advised funds.     Did the organization file a Form 1098-C?     7h       24     Did the sponsoring organization have excess busines advised funds.     Did the sponsoring organization maintaing donor advised funds.     Did the sponsoring organization maintaing donor advised funds.       25     Doresoreceipts, included on Form 990, Part VIII, line 12, for	<b>I</b> -	•			00		<u> </u>	
7       Organization stat may receive deductible contributions under section 170(c).       a) did the organization receive a peyment in access of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b) If 'Nes,'' did the organization notify the donor of the value of the goods or services provided?       7a       X         c) Did the organization cervice any funds, directly or indirectly, to pay preniums on a personal benefit contract?       7a       X         d) Did the organization, diring the year, pay preniums, directly or indirectly, on personal benefit contract?       7a       X         d) Did the organization, diring the year, pay preniums, directly or indirectly, on personal benefit contract?       7a       X         g) If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7a       X         g) If the organization with the very constraints of door advised fund maintained by the sponsoring organization maintaining door advised fund maintained by the sponsoring organization maintaining door advised funds.       8       5         g) Did the sponsoring organization make a distribution to a donor, donor advised preson?       9a       9a       9a         g) Did the sponsoring organization make a distribution to a donor, donor advised person?       9b       9a       9a         g) Soection 501(c)(7) organizations. Enter:       11a       10a       10a       10a       10a <td>a</td> <td></td> <td></td> <td></td> <td>6h</td> <td></td> <td></td>	a				6h			
a Did the organization needwe a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If 'Yes,' idi the erganization notify the donor of the value of the goods or services provided?       7b       7c       X         b If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f If the organization receive a contribution of qualified intelctual property, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organization make any taxable distributions under section 4966?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       the sponsoring organization make any taxable distributions and resoring and sensor or shareholders       11a       10a       10a         11       Gross income from members or shareholders       11a       10a       10a <td>7</td> <td></td> <td></td> <td>••••••</td> <td>00</td> <td></td> <td></td>	7			••••••	00			
b       If "Yes," did the organization neity the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year permitms, directly or indirectly, on a personal benefit contract?       7e       X         d       Did the organization, during the year, pay permitms, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 8890 as required?       7g       X         f       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         10       bit the sponsoring organizations. Enter:       10a       10b       10a       10a         11       Section 501(c)(2) organizations. Enter:       10a       10b       10a       10a         12       Section 501(c)(2) organizations. Enter:       11a       10a       10a       10a       10a       10a<		• •	vices	provided to the payor	? <u>7a</u>		X	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       If the organization received a contribution of ans, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization make maintaining donor advised funds.       Did the sponsoring organization make and stributions on doner advised fund maintained by the sponsoring organization make and istributions on a doner advised fund section 4966?       9a         g       Sponsoring organization make and istribution to a doner, doner advised funds.       9b       9a         Did the sponsoring organization make and istribution to a doner, doner advised funds.       10a       10a       10a         g Cross income from members or shareholders       11a       10a       10a       10b							<u> </u>	
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g If the organization received a contribution of cars. botast, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organizations maintaining door advised funds.       B d       B         9       Sponsoring organizations. Environ good advised funds.       B d       B       B         a Did the sponsoring organizations. Enter:       a distribution to a donor, door adviser, or related person?       Bp       B       B         a Gross income from members or shareholders       11a       10a       <					· · · · · ·	İ	<u> </u>	
d If "Yes," indicate the number of Forms 8282 filed during the year       Td         e Did the organization during the year, pay premiums, during the y	Ŭ				70		x	
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7a       X         f       Ht the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7a       X         f       Ht the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7a       X         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a       10a         12       Section 501(c)(12) organization file a Form sources. Qo not net amounts due or paid to other sources against amounts due or received from them.)       11b       11a       10b       11a       10b         13       Section 501(c)(12) organization sincludeed on Ast were organization main there organizati	d		1	1				
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-0?       7h         8 Sponsoring organization mave excess business holdings at any time during the year?       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a         10 Did the sponsoring organization make a distribution to a donor, donor advised funds.       9b         10 Section 501(c)(7) organizations. Enter:       10a         11 finitation fees and capital contributions included on Part VIII, line 12       10a         12 Gross income from members or shareholders       11a         13 Section 501(c)(2) organizations. Enter:       11a         14 Gross income from members or shareholders       11a         13 Section 501(c)(2) organizations. Enter:       11b         14 Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14 the organization included to maintain by the states in which the organization is locensed to issue qualified health plans       13a         14 the organization incleased to issue qualified health plans       <					. 7e		X	
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h <t< td=""><td>f</td><td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra</td><td>act?</td><td></td><td>. 7f</td><td></td><td>X</td></t<>	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		. 7f		X	
8       Sponsoring organizations maintaining donor advised funds.       8       8         9       Sponsoring organization have excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         0       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       10         10       Section 501(c)(7) organizations. Enter:       10a       10b	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g			
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       3a         a       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       3b         10       the sponsoring organizations make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       11b         b       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         2       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12b         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         4       Is the organization licensed to issue qualified health plans       13b       13a         6       Enter the amount of reserves on hand       13c       13a	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h			
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Form 990 (2021)	COUNCIL								-000122	
Part VI Governance,	Management,	and [	Disclosu	re.	For each "Yes	" response t	o lines 2 through	7b below, a	and for a "No	" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	B		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, v		
	The section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
U	and branches to show their exercises are consistent with the eventientian's event eveness.	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
		12a	X	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	x	
40	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	9.996
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	1.212
	The organization's CEO, Executive Director, or top management official	<u>15a</u>	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	100 A		77
	taxable entity during the year?	16a		_X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	25.9		10
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CASSIE REGIMBAL - 541-678-5483			
	1036 NE 5TH STREET, BEND, OR 97701			
132006	12-09-21	Forn	9 <b>90</b>	(2021)
	7			

2021.05080 COUNCIL ON AGING OF CENTR 09555\_\_1

Form 990 (2021)	COUNCIL ON				93-0661229	Page 7
Part VII Compensat	ion of Officers, Dire	ectors, Truste	es, Key Empl	oyees, Highe	st Compensated	
	and Independent					
Check if Sched	ule O contains a respons	e or note to any lir	e in this Part VII			
Section A. Officers, Dire	ctors, Trustees, Key En	ployees, and Hig	hest Compensat	ted Employees		
1a Complete this table for	all persons required to b	e listed. Report cor	npensation for th	1e calendar year e	ending with or within the organization	's tax year.
I ist all of the organization	ation's current officers, o	lirectors, trustees (	whether individu	als or organizatio	ns), regardless of amount of compen	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(	<b>C)</b>			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle:	ss pei	more rson i	than o s both or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUSAN ROTELLA	55.00								_	
EXECUTIVE DIRECTOR				X			<u> </u>	117,452.	0.	0.
(2) LOUIS CAPOZZI	4.00									
PRESIDENT		X		X		<u> </u>		0.	0.	0.
(3) WENDY MIKI GLAUS	4.00						I			-
TREASURER		X		X		<u> </u>		0.	0.	0.
(4) EMILY SALMON	4.00									
SECRETARY		X		Х			ļ	0.	0.	0.
(5) JENNIFER NEAHRING	4.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(6) MICHAEL HENSLEY	4.00									
DIRECTOR		X						0.	0.	0.
(7) RAY MIAO	4.00									
DIRECTOR		X						0.	0.	0.
(8) CHRIS PIPER	4.00									
DIRECTOR		X						0.	0.	0.
(9) SHARLENE WILLS	4.00	·								
DIRECTOR		Х						0.	0.	0.
							-			
		L					L			F 990 (0001)

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132007 12-09-21

Form 990 (2021)

Part VII Section A. Officers, Directors, Trustese, Key Employees, and Highest Compensated Employees (conduced) Name and the Average boots of the control of the Compensation from related amount of the organizations of the organization for related average boots of the organization and electron of the organization o	Form	990 (202	1) <u>CO</u>	UNCIL C	N AGINO	3 C	F	CE	NT	RA	L	OREGON	93-0	6612	229	Page 8
Name and the       Average register       Position register at strety register       Reportable compensation from the organization (V2/109-NEC)       Reportable compensation from the organization (V2/109-NEC)       Reportable register       Reportable register       Compensation form the organization (V2/109-NEC)         Image: the strety register         Image: the strety register       Image: the strestrety register	Par			ectors, Trus		ploy	ees,			ghes	t C					
Incurs for below blow       Image of the second second second blow       Image of the second					Average hours per	box	not cl , unles	Posi heck r ss per	ition more rson i	than o s both	an	Reportable compensation	Reportable compensation from related	on d	Estim amou oth	ated nt of er
1b       Subtotal					hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MI	SC/	from organiz and re	the zation lated
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	<u></u>					<u> </u>									· · ·	
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.						1				-						
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				<u></u>		-										
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		Subtota				1						117.452.		0.		0.
compensation from the organization       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization. Report five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         SUNWEST       BUILDERS       2642       SW 4TH STREET, REDMOND, OR 97756       BUILDING RENOVATION       898,158	с	Total fro	m continuation shee	ets to Part VI	, Section A			•••••				0.		0.		0.
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         SUNWEST       BUILDERS       2642       SW 4TH STREET, REDMOND, OR 97756       BUILDING RENOVATION       898,158	2		•	-	ot limited to th	iose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportabl	e		1
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       (C)         1       Complete BUILDERS       2642       SW 4TH STREET, REDMOND, OR 97756       BUILDING RENOVATION       898,158         2642       SW 4TH STREET, REDMOND, OR 97756       BUILDING RENOVATION       898,158	3		- ,				key e	empl	oye	e, or	hig	hest compensated emp	loyee on			s No X
rendered to the organization? If "Yes." complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         SUNWEST BUILDERS       2642 SW 4TH STREET, REDMOND, OR 97756       BUILDING RENOVATION       898,158	4	For any i	ndividual listed on line	e 1a, is the su	m of reportab	le co							-			X
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         SUNWEST BUILDERS       2642 SW 4TH STREET, REDMOND, OR 97756       BUILDING RENOVATION       898,158		rendered	to the organization?	If "Yes:" com							late	ed organization or indivi	dual for services		5	X
(A) Name and business address       (B) Description of services       (C) Compensation         SUNWEST BUILDERS       2642 SW 4TH STREET, REDMOND, OR 97756       BUILDING RENOVATION       898,158         BUILDING       BUILDING       BUILDING       BUILDING		Complet	e this table for your five	e highest cor										pensat	ion from	
2642 SW 4TH STREET, REDMOND, OR 97756 BUILDING RENOVATION 898,158			Name a	(A)				19 11				(B)		с		tion
Total number of independent contractors (including but not limited to those listed above) who received more than				, REDMO	ND, OR	97	75	6				BUILDING REN	OVATION		898,	158.
Total number of independent contractors (including but not limited to those listed above) who received more than	•			<del></del>												<u></u>
Total number of independent contractors (including but not limited to those listed above) who received more than			1993))) (							_						
2 Total number of independent contractors (including but not limited to those listed above) who received more than																
\$100,000 of compensation from the organization ► 1 Form 990 (202	2				-	ot lir	nitec	d to 1	thos 1	e lis	ted	above) who received m	ore than		Form 00	0 (2021)

132008 12-09-21

L		Check if Schedule O contains a response or note to	any line in this Part VIII			
			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
n n	1	a Federated campaigns 1a 26,8	815.			
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b				
ů g		Fundraising events				
Ę,	1 '					
ja i		d Related organizations	110			
s, i		e Government grants (contributions) 1e 2,963,4	<u>FTO</u>			
Sid	1	All other contributions, gifts, grants, and	the second second			
but		similar amounts not included above 1f 2,252,6	513.			
Ē		Noncash contributions included in lines 1a-1f 1g \$ 4,0	)70.			
Sor		Total. Add lines 1a-1f	▶ 5,242,838.			
		Business				
		ELDERLY SERVICES PROG 9000		24,536.		
ice		OTHER PROGRAM REVENUE 9000		12,900.		
- Per		OTHER PROGRAM REVENUE 5000	133 12,300.	12,900.		
Program Service Revenue		·				
e a		k				
Бü		e				
ሻ	1	All other program service revenue				
		Total. Add lines 2a-2f	. ▶ 37,436.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	▶ 3,324.			3,324.
		Income from investment of tax-exempt bond proceeds				5,524.
	4					
	5	Royalties				
		(i) Real (ii) Pers	sonal			
		a Gross rents 6a	1.34 - 10 EF			
	1	b Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) Otl	her			
		assets other than inventory <b>7a</b>				
		Less: cost or other basis				
	L L					
Revenue		and sales expenses				
šve		Gain or (loss) 7c				
	C	l Net gain or (loss)	. ▶			
her	8 a	Gross income from fundraising events (not				1226 3
ā		including \$ of				
		contributions reported on line 1c). See	Contraction of the second s			2 2 2 2 2 2 2
		Part IV, line 18 8a				
	ŀ	Less: direct expenses 8b				
		Net income or (loss) from fundraising events		AND REAL PROPERTY AND REAL PROPERTY.	27 (Mar 109 (12) 2) 30	
	98	Gross income from gaming activities. See				TENED ON
		Part IV, line 19 9a				
		Less: direct expenses9b				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	¢	<ul> <li>Net income or (loss) from gaming activities</li> </ul>	. 🕨			
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
	b	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
		Business	Code		12 2 24 2 2 2 2	
sņ	11 a					
en en						
llar (en	b					
Miscellaneous Bevenue	C					
Ξ	c	All other revenue				
	е	Total. Add lines 11a-11d				228485
	12	Total revenue. See instructions	▶ 5,283,598.	37,436.	0.	3,324.
132009	9 12-09	9-21				Form <b>990</b> (2021)

COUNCIL ON AGING OF CENTRAL OREGON

Form 990 (2021) Part VIII

**Statement of Revenue** 

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93-0661229

Page **9** 

<sup>132009 12-09-21</sup> 

COUNCIL ON AGING OF CENTRAL OREGON

	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	117,452.	109,230.	8,222.	
6	Compensation not included above to disqualified	117,102.	105,250.	0,222.	
0	persons (as defined under section 4958(f)(1)) and	:			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,311,851.	1,220,021.	91,830.	·····
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	37,330.	34,717.	2,613.	
9	Other employee benefits	201,628.	187,514.	14,114.	
10	Payroll taxes	95,580.	88,889.	6,691.	
11	Fees for services (nonemployees):	÷			
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	90,007.	72,906.	17,101.	
13	Office expenses	117,924.	88,443.	29,481.	
14	Information technology				
15	Royalties				
16	Occupancy	241,077.	224,202.	16,875.	
17	Travel	9,076.	8,441.	635.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,068.	10,293.	775.	
20	Interest	27,305.	25,394.	1,911.	
21	Payments to affiliates	10 004	42 602	2 000	
22	Depreciation, depletion, and amortization	46,884.	43,602.	3,282.	
23	Insurance	38,482.	15,393.	23,089.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	660 620	660 620		
	OUTSIDE SERVICES	660,632.	660,632.		
b	FOOD AND OTHER SUPPLIES PROFESSIONAL FEES	366,925. 159,683.	<u>366,925.</u> 105,391.	54,292.	
с С	VOLUNTEER MILEAGE	34,763.	34,763.	Jt, 474.	
d	All other expenses	56,330.	29,996.	23,179.	3,155.
е 25	Total functional expenses. Add lines 1 through 24e	3,623,997.	3,326,752.	294,090.	3,155.
<u>25</u> 26	Joint costs. Complete this line only if the organization	<u> </u>	0,020,1020		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

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11 2021.05080 COUNCIL ON AGING OF CENTR 09555\_\_1

Form 990 (2021)

	<u>990 (</u> rt X		NG C	OF CENTRAL OREG	ON	93-	0661229 Page 11
ı a		Check if Schedule O contains a response or not	e to any	line in this Part X			
			<u>e to any</u>		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			895,590.	1	1,578,489.
	2	Savings and temporary cash investments			201,577.	2	201,597.
	3	Pledges and grants receivable, net		458,954.	3	605,547.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs	ontributor, or 35%				
		controlled entity or family member of any of the	ns		5		
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ŝ	7	Notes and loans receivable, net		<u> </u>		7	
Assets	8	Inventories for sale or use		·····		8	
∢	9				5,500.	9	27,776.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			1 000 010		
		Less: accumulated depreciation		231,520.	1,889,248.	10c	2,861,233.
	11	Investments - publicly traded securities			100 005	11	100 615
	12	Investments - other securities. See Part IV, line			127,725.		120,617.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		······		14	
	15	Other assets. See Part IV, line 11			2 570 504	15	
_	16	Total assets. Add lines 1 through 15 (must equ			3,578,594.		5,395,259.
	17 18	Accounts payable and accrued expenses			259,730.	1	451,543.
	10 19	Grants payable			12,843.	18	19,117.
	20	Deferred revenue			12,043.		
	20	Tax-exempt bond liabilities				20	
	22	Loans and other payables to any current or form				21	
LIAUIIUES	~~	trustee, key employee, creator or founder, subst					
5		controlled entity or family member of any of these				22	
3	23	Secured mortgages and notes payable to unrela			508,461.		476,814.
	24	Unsecured notes and loans payable to unrelated				23	
	25	Other liabilities (including federal income tax, pa				27	
		parties, and other liabilities not included on lines		1			
(						25	
	26	Total liabilities. Add lines 17 through 25			781,034.	26	947,474.
Τ		Organizations that follow FASB ASC 958, che	ck here	► X			
Ses		and complete lines 27, 28, 32, and 33.			是我们会会会了。		
	27	Net assets without donor restrictions	2,209,540.	27	2,840,494.		
na	28	Net assets with donor restrictions	588,020.	28	1,607,291.		
		Organizations that do not follow FASB ASC 9					
[]		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets of Fund Balances	31	Retained earnings, endowment, accumulated ind				31	
Ze	32	Total net assets or fund balances			<u>2,797,560.</u>	32	4,447,785.
	33	Total liabilities and net assets/fund balances			3 578 591	00	5 305 250

3,578,594.

33

33

Total liabilities and net assets/fund balances

Form	990 (2021) COUNCIL ON AGING OF CENTRAL OREGON	93-0661	229	Pag	<sub>qe</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
		.		о <i>с</i>	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)		,283		
2	Total expenses (must equal Part IX, column (A), line 25)		623		
3	Revenue less expenses. Subtract line 2 from line 1		,659		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,797		
5	Net unrealized gains (losses) on investments	5		9,3	76.
6	Donated services and use of facilities	6			
7	Investment expenses	7	<u></u>		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	kiāme -		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				0 F
	column (B))	10 4	,44	1,1	85.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	T		X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	a location		
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	200 m
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Schular and the answer of a factorial event of				
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit		x	
1-	Act and OMB Circular A-133?		<u>3a</u>	Δ	
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	rea audit		v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		(2021)
			⊢orm	ฮฮป (	,2021)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service	Public Charity Status and Public Support         Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         ► Attach to Form 990 or Form 990-EZ.         ► Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization	DN	Employer identification numb
-	COUNCIL ON AGING OF CENTRAL OREGON	93-0661229
Part   Reason f	or Public Charity Status. (All organizations must complete this part.) See instruction	ns.
The organization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)	
1 A church, cor	vention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3 A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A	A)(iii). Enter the hospital's name,
city, and state	9:	
5 An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	unit described in
section 170(	b)(1)(A)(iv). (Complete Part II.)	
6 A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).	

7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)

8	A communit	v trust described i	section	170(b)(1)(A)(vi).	(Complete Part II.)
v	Accontinuing	y 11001 000011000 ii	1 3000001		

#### 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

0	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)

11		An organization organized	and operated	exclusively to te	est for public safety.	. See 🧯	section 509(a)(4).
----	--	---------------------------	--------------	-------------------	------------------------	---------	--------------------

12	 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
	organization. You must complete Part IV, Sections A and B.

	organization(s). You must complete Part IV, Sections A and C.
	control or management of the supporting organization vested in the same persons that control or manage the supported
C	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

; [	<b>Type III functionally integrated.</b> A supporting	organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions).	You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

е	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

1

6

g Provide the following information	n about the supporte	d organization(s).			
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organization list in your governing documer	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes No	support (see instructions)	support (see instructions)
• <u>•</u> ••••••••••••••••••••••••••••••••••					
Total					

.....

Employer identification number 93-0661229

# Schedule A (Form 990) 2021 COUNCIL ON AGING OF CENTRAL OREGON 93-0661229 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2039077.	2521708.	3183304.	3317797.	5242838.	16304724.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2039077.	2521708.	3183304.	3317797.	5242838.	16304724.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						543,030.
6	Public support. Subtract line 5 from line 4.					Street Store in the	15761694.
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2039077.	2521708.	3183304.	3317797.		16304724.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,335.	10,881.	8,567.	35,481.	3,324.	68,588.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					2 / 2 X X X X	16373312.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ourth, or fifth tax y	ear as a section 5		
	organization, check this box and stor	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	96.26 %
15	Public support percentage from 2020					15	99.43 %
16a	33 1/3% support test - 2021. If the c					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the factor	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	-		
	more, and if the organization meets th						
	organization meets the facts-and-circu				-		▶□
18	Private foundation. If the organizatio	<u>n did not check a b</u>	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u>,</u>
						Schedule A	(Form 990) 2021

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Sa	qualify under the tests listed b	elow, please com	olete Part II.)				
		(-) 0017	(1) 2019	(a) 2010	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(u) 2020	(0) 2021	() ()
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
					1		
40	regularly carried on						
12	waaru lawlu aanwiad an						
	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
13	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the	-					n,
13 14	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here		· · · · · · · · · · · · · · · · · · ·				n, ►
13 14 Sec	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public	c Support Per	centage			·····	
13 14 Sec 15	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publi Public support percentage for 2021 (Ii	<b>c Support Per</b> ine 8, column (f), c	<b>ccentage</b> livided by line 13, c	olumn (f))		15	<b>&gt;</b>
13 14 Sec 15 16	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publi Public support percentage for 2021 (li Public support percentage from 2020	<b>c Support Per</b> ne 8, column (f), c Schedule A, Part	<b>rcentage</b> livided by line 13, c III, line 15			·····	
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 ction D. Computation of Inves	c Support Per ine 8, column (f), c Schedule A, Part tment Income	rcentage livided by line 13, c III, line 15 Percentage	olumn (f))		15	×××××××××××××××××××××××××××××××××××××
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 ction D. Computation of Invess Investment income percentage for 20	c Support Per ine 8, column (f), c Schedule A, Part tment Income 21 (line 10c, colur	rcentage livided by line 13, c III, line 15 e Percentage mn (f), divided by lin	olumn (f))		15 16 17	 %  %
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 ction D. Computation of Investing Investment income percentage from 2020	c Support Per ine 8, column (f), c Schedule A, Part tment Income 121 (line 10c, colur 2020 Schedule A,	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17	olumn (f))		15 16 17 18	
13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2020 ction D. Computation of Invess Investment income percentage for 2020 Investment income percentage from 2020 a 33 1/3% support tests - 2021. If the	c Support Per ine 8, column (f), c Schedule A, Part tment Income 21 (line 10c, colur 2020 Schedule A, organization did r	rcentage livided by line 13, c III, line 15 e Percentage mn (f), divided by lin Part III, line 17 not check the box c	olumn (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15           16           17           18           33 1/3%, and line 17	×
13 14 15 16 5 6 17 18 19a	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage for 2021 (li Public support percentage from 2020 Ction D. Computation of Invest Investment income percentage from 2020 Investment income percentage from 2020 as 31/3% support tests - 2021. If the more than 33 1/3%, check this box ar	c Support Per ine 8, column (f), c Schedule A, Part timent Income 21 (line 10c, colur 2020 Schedule A, organization did r ad stop here. The	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box c organization qualif	olumn (f)) ne 13, column (f)) on line 14, and line ies as a publicly si	15 is more than 3 upported organiza	15       16       17       18       :3 1/3%, and line 17       tion	% % % is not ►
13 14 15 16 17 18 19a	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2020 ction D. Computation of Invess Investment income percentage for 2020 Investment income percentage from 2020 a 33 1/3% support tests - 2021. If the	c Support Per ine 8, column (f), c Schedule A, Part timent Income 121 (line 10c, colur 2020 Schedule A, organization did r ad stop here. The organization did r	rcentage livided by line 13, c III, line 15 Percentage mn (f), divided by lin Part III, line 17 not check the box c organization qualif not check a box on	olumn (f)) ne 13, column (f)) on line 14, and line ïes as a publicly si line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15           16           17           18           33 1/3%, and line 17           ition           ore than 33 1/3%, ar	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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#### COUNCIL ON AGING OF CENTRAL OREGON Schedule A (Form 990) 2021

11a

11b

11c

1

2

Yes

Yes No

No

No

Yes

Pa	t IV	Supporting Organizations	(continued)
11	Has th	ne organization accepted a gift or co	ntribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

### Section B. Type I Supporting Organizations

11

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s),

## Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard. 3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
---	---	---------------------

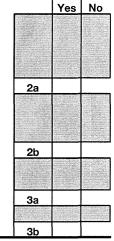
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
<u> </u>	L	The organization supported a governmental entity.	Describe in Fall V now you supponed a dovernmental entity (see instructions).	

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard 132025 01-04-22



Schedule A (Form 990) 2021

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Sche	dule A (Form 990) 2021 COUNCIL ON AGING OF CEN	ITRAL	OREGON 9	3-0661229 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			······
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	,	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	······································	
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	,	
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6	•	
_7	Recoveries of prior-year distributions	7		
_8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona		ed Type III supporting organ	nization (see
	instructions).			•

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

Section D - Distributions

_1	Amounts paid to supported organizations to accomplish exe	mpt purposes									
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported									
	organizations, in excess of income from activity		2								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3								
_4	Amounts paid to acquire exempt-use assets		4								
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5								
6	Other distributions (describe in Part VI). See instructions.		6								
7	Total annual distributions. Add lines 1 through 6.		7								
8	Distributions to attentive supported organizations to which t	he organization is responsive									
	(provide details in Part VI). See instructions.		8								
_9	Distributable amount for 2021 from Section C, line 6	istributable amount for 2021 from Section C, line 6									
10	Line 8 amount divided by line 9 amount	10									
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021							
_1	Distributable amount for 2021 from Section C, line 6										
2	Underdistributions, if any, for years prior to 2021 (reason-										
	able cause required - explain in Part VI). See instructions.										
_3	Excess distributions carryover, if any, to 2021										
<u>a</u>	From 2016										
b	From 2017										
C	From 2018										
d	From 2019										
e	From 2020										
f	Total of lines 3a through 3e										
g	Applied to underdistributions of prior years										
h	Applied to 2021 distributable amount										
i	Carryover from 2016 not applied (see instructions)										
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.										
4	Distributions for 2021 from Section D,										
	line 7:\$										
a	Applied to underdistributions of prior years										
b	Applied to 2021 distributable amount										
C	Remainder. Subtract lines 4a and 4b from line 4.										
5	Remaining underdistributions for years prior to 2021, if										
	any. Subtract lines 3g and 4a from line 2. For result greater										
	than zero, explain in Part VI. See instructions.										
6	Remaining underdistributions for 2021. Subtract lines 3h										
	and 4b from line 1. For result greater than zero, explain in										
	Part VI. See instructions.										
7	Excess distributions carryover to 2022. Add lines 3j										
	and 4c.										
8	Breakdown of line 7:										
a	Excess from 2017			the second second second for the second							
b	Excess from 2018										
C	Excess from 2019	A STATE OF A									
d	Excess from 2020										
e	Excess from 2021										
			S	chedule A (Form 990) 2021							

COUNCIL ON AGING OF CENTRAL OREGON Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

93-0661229 Page 7

1

**Current Year** 

Part VI	(Form 990) 2021 Supplemental Info				OREGON	93-0661229 Page
	Part IV Section A lines	1, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3: Part IV, 5	6, 9a, 9b, 9c, 11 Section F. lines	a, 11b, and 11c; 1c. 2a. 2b. 3a. an	Part IV, Section B, d 3b: Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.
					,	
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					********	
			Hade Zilling - Land			
		nt				
		lii. i i ar				
			· · · ·			
2028 01-04-2	2		2	1		Schedule A (Form 990) 20

11570515 250754 09555

SCHEDULE D	Su
(Form 990)	► C

1

9

Department of the Treasury

Internal Revenue Service

## pplemental Financial Statements

omplete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** Name of the organization 93-0661229 COUNCIL ON AGING OF CENTRAL OREGON Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only 6 for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 🕨 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No Yes violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \_\_\_\_\_ 🕨 \$ \_ (ii) Assets included in Form 990, Part X 🛛 🕨 🕹 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21

Sche	dule D (Form 990) 2021 COUNCIL	ON AGING O	F CENTRAL	OREGON			93-06			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	<sup>.</sup> Similar	Assets	(conti	nued)	
	Using the organization's acquisition, accession									
-	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange program	n					
b	Scholarly research	e							_	
c	Preservation for future generations									
4	Provide a description of the organization's co	lections and explain	how they further th	e organization	's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o									
5	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran				/es" on	Form 990	, Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa		5							
- <u>-</u> 1a	Is the organization an agent, trustee, custod	an or other intermedia	ary for contributions	s or other asse	ets not i	ncluded				
Tu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII							_		
			eg .e					Amour	nt	
~	Beginning balance					1c				
	Additions during the year					·				
	Distributions during the year									
f	Ending balance									
-	Did the organization include an amount on F					· – – – •		Yes		No
	If "Yes," explain the arrangement in Part XIII.					·····				Ī
Pai						0.				
	Advertigen etwalloldez	(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	127,725.	93,254.		739.	<u> </u>				
	Contributions	,		· · · · · · · · · · · · · · · · · · ·						
0	Net investment earnings, gains, and losses	-6,057.	35,476.		365.					
d	Grants or scholarships									
	Other expenditures for facilities									
U	and programs									
f	Administrative expenses	1,051.	1,005.		850.					
	End of year balance	120,617.	127,725.	93	254.	······				
9 2	Provide the estimated percentage of the curr							<u>I</u>		
	Board designated or quasi-endowment	ent year end balance	%	) neiù as.						
	Permanent endowment $\blacktriangleright$ <u>100</u>	%								
b		% %								
с										
20	The percentages on lines 2a, 2b, and 2c sho	•	ion that are hald as	al a alua la tata un s	ما الم ير الم					
Ja	Are there endowment funds not in the posse	ssion of the organizat	lion that are held an	ia administered	a for th	e organiza	ation		Yes	No
	by:							0.0	X	
	(i) Unrelated organizations							3a(i)	<u> </u>	x
h	(ii) Related organizations						•••••	<u>3a(ii)</u>		
	If "Yes" on line 3a(ii), are the related organiza						••••••	<u>3b</u>	I	I
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		iment tunas.		_					
	Complete if the organization answere		Part IV line 11a S	ee Form 990	Dart V	line 10				
			1				_1	( 1) D	1 1.	_
	Description of property	(a) Cost or ot basis (investm		or other	• •	ccumulate preciation		(d) Boo	ok valu	е
- L	Lond			5,059.	uep	J COIALION	1000	17	5 0	50
	Land			<u>5,059.</u> 4,607.	1	128 01	57			<u>59.</u>
	Buildings			the second se		L28,99	· · ·	$\frac{2,00}{11}$		
	Leasehold improvements			$\frac{1,178}{0,760}$		00 5	<u></u>		$\frac{1,1}{0,1}$	
	Equipment			9,768.		<u>99,6</u>			$\frac{0,1}{2}$	
the second s	Other			2,141.		2,92			$\frac{9,2}{1,2}$	
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>aual Form 990. Part X</u>	(. column (B). line 1(	) <u>c.)</u>	<u></u>			2,86		
							Schedule	D (Forr	n 990)	2021

Schedule D (Form 990) 2021 COUNCIL ON A	GING OF CENT	RAL OREGON	93-0661229 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o		11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" c			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line	15
(a) [	Description		(b) Book value
(1)			
(2)			
(3)	#		
(4)		·····	
(5)		· · · · · · · · · · · · · · · · · · ·	······································
(6)			
(7)			
(8)	<b></b>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	15.)		······
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11e or 11f. See Form 990, Part 3	X, line 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)	······································		
(5)			
(6)			
(7)			
(8)	en e		
(9)	<del></del>		
otal. (Column (b) must equal Form 990. Part X. col. (B) line			
Liability for uncertain tax positions. In Part XIII, provide to argonization a liability for uncertain tax positions under liability.			r-
organization's liability for uncertain tax positions under I	-ASB ASC /40. UNECK he	ere ii the text of the foothote has	been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 COUNCIL ON AGING OF CENTRAL	OREGON		561229	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		. 1	5,274,	,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	_		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines <b>2a</b> through <b>2d</b>		2e		0.
3	Subtract line 2e from line 1		3	5,274	,222.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a			
b	Other (Describe in Part XIII.)	4b 9,376	•	•	0.7.6
с	Add lines 4a and 4b				<u>,376.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,283	,598.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses pe	r Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			2 (22	007
1	Total expenses and losses per audited financial statements		. 1	3,623	,997.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	_ <u>2a</u>	-		
b	Prior year adjustments	_2b			
c	Other losses				
d	Other (Describe in Part XIII.)	_2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	3,623	<u>,997.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
С	Add lines <b>4a</b> and <b>4b</b>		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)	·····	. 5	3,623	<u>,997.</u>
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE COUNCIL IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES, WITH THE

EXCEPTION OF FEDERAL TAXES FOR NET PROFITS ON UNRELATED BUSINESS INCOME,

UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

REGARDING UNCERTAIN TAX POSITIONS, THE COUNCIL WILL RECOGNIZE IN ITS

FINANCIAL STATEMENTS THE BENEFIT OF A TAX POSITION WHEN IT BELIEVES THAT

TAX POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT BASED ON THE

TECHNICAL MERITS OF THE POSITION. FOR AN EXEMPT ORGANIZATION, UNCERTAIN

TAX POSITIONS COULD RESULT FROM UNRELATED BUSINESS INCOME ACTIVITIES OR

ACTIONS THAT JEOPARDIZE ITS STATUS AS TAX-EXEMPT, SUCH AS POLITICAL

#### SUBSTANTIAL LOBBYING EXPENDITURES OR EXCESSIVE UNRELATED ACTIVITY, Schedule D (Form 990) 2021 132054 10-28-21

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Schedule D (Form 990) 2021	COUNCIL ON	AGING OF	CENTRAL	OREGON	93-0661229	Page 5
Part XIII Supplemental Inform	mation (continued)					
BUSINESS ACTIVITIES.	THE COUNCI	L HAS CON	ICLUDED	THAT IT HAD	NO UNRECOGNIZ	ED
INCOME TAX BENEFITS	AS OF JUNE	30, 2022,	, AND IT	HAS NO TAX	POSITIONS FOR	
WHICH IT ESTIMATES A	SIGNIFICAN	IT CHANGE	OVER THI	E NEXT 12 MC	ONTHS.	
				······································		
THE COUNCIL IS SUBJE	CT TO EXAMI	NATION BY	<u> STATE</u>	AND FEDERAL	TAX	
AUTHORITIES. WITH FE	EW EXCEPTION	IS, THE CO	DUNCIL I	S NO LONGER	SUBJECT TO	
EXAMINATION BY MAJOR	R TAXING AUT	HORITIES	FOR YEAD	RS BEFORE 20	)18	

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNREALIZED LOSS ON INVESTMENT

9,376.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE O (Form 990)

Quantum control luctor meetics to Form 000 or 000 EZ	OMB No. 1545-004
Supplemental Information to Form 990 or 990-EZ	000
Complete to provide information for responses to specific questions on	202
Form 990 or 990-EZ or to provide any additional information.	

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number 93-0661229

**Open to Public** 

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WELFARE NEEDS OF THE ELDERLY IN DESCHUTES, JEFFERSON, AND CROOK

COUNCIL ON AGING OF CENTRAL OREGON

COUNTIES OF CENTRAL OREGON.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING

BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS REVIEWED BY MANAGEMENT AND THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD RESOLVES ISSUES AT REGULARLY SCHEDULED BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED AND APPROVED AT REGULARLY SCHEDULED BOARD

MEETINGS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE COUNCIL HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING

THE TAX YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

FORM 9	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1. 1	BUILDING	06/30/11	SL	39.00	MM	16	91,168.	and the second	A Contractor	ing Sec. 2 (Sec. ) Sec. 10. New York Contraction	91,168.	23,380.		2,338.	25,718.
15	(D)STORAGE SHED	12/31/99	SL	15.00		16	1,089.				1,089.	1,089.		0.	1,089.
31	HEAT PUMP	05/18/12	SL	7.00	1000	16	8,789.				8,789.	8,789.		0.	8,789.
34	BUILDING IMPROVEMENTS	06/30/11	SL	39.00	MM	16	42,190.				42,190.	11,558.		1,082.	12,640.
35	(D)SIGNAGE	07/01/11	SL	7.00	in a state	16	4,803.				4,803.	4,803.		0.	4,803.
36	BUILDING IMPROVEMENTS	03/01/13	SL	39.00	MM	16	4,693.				4,693.	1,000.		120.	1,120.
41	BUILDING IMPROVEMENTS FY16	01/12/16	SL	39,00	MM	16	4,208.		distribution of the		4,208.	593.		108.	701.
44	BUILDING - 5TH ST	06/30/18	SL	39.00	MM	16	616,111.				616,111.	47,394.		15,798.	63,192.
50	KITCHEN REMODEL	06/30/19	SL	39.00	MM	16	42,490.				42,490.	2,178.	and the second s	1,089.	3,267.
55	BUILDING IMPROVEMENTS	08/25/20	SL	39.00	MM	16	2,770.				2,770.	59.		71.	130.
57	BUILDING IMPROVEMENTS - PHASE 1	07/31/21	SL	39,00	inger Flang	16	565,450.				565,450.			13,290.	13,290.
58	FLOORING - PHASE 1	07/31/21	SL	39.00		16	4,700.				4,700.			110.	110.
59	LEASEHOLD IMPROVEMENTS - REMODEL	06/30/22	SL	15,00		16	26,424.	anama Puliti			26,424.		Heritaria Heritaria Heritaria Heritaria	0.	
60	LEASEHOLD IMPROVEMENTS - FLOORING	06/30/22	SL	15.00		16	84,753.				84,753.			0.	
61	BUILDING IMPROVEMENTS - PHASE 2	06/30/22	SL	39.00		16	608,699.	20180100 20180100			608,699.			0.	
62	HVAC - PHASE 2	06/30/22	SL	39.00		16	112,450.				112,450.			0.	,
63	WOOD FLOORING - PHASE 2	06/30/22	SL	39.00		16	16,727.				16,727.				

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(D) - Asset disposed

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
64	FLOORING - PHASE 2	06/30/22	SL	39.00		16	14,162.				14,162.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS	Andreas (California) Andreas (California) Andreas (California) Andreas (California)					,251,676.		And Annual States		2,251,676.	100,843.		34,006.	134,849.
	FURNITURE & FIXTURES														
2	(D)DESK	12/31/87	SL	7.00	Contra Co	16	100.		A CONTRACT OF		100.	100.		0.	100.
3	(D)HUTCH & DESK	10/19/88	SL	7.00		16	300.				300.	300.		0.	300.
5	(D)DESKS & CHAIRS	01/01/90	SL	7.00		16	1,000.			ant of Attraction and antipation and antipation	1,000.	1,000.		0.	1,000.
7	(D)3 CHAIRS	06/30/91	SL	5.00		16	353.				353.	353.		٥.	353.
10	(D)DISPLAY CASE	02/28/95	SL	7.00	City Second	16	287.	A CONTRACTOR			287.	287.	- Spinser, Philippin - Spinser, Philippin - Spinser, Stational Jose	0.	287.
11	(D)DESKS & CHAIRS 2	06/30/95	SL	7.00		16	150.				150.	150.		0.	150.
14	(D)DESK & CHAIR	12/16/97	SL	7.00		16	243.	A CONTRACTOR			243.	243.	ALC: NO. OF THE PARTY OF THE PA	0.	243.
20	(D)UTILITY CART	05/07/02	SL	10.00		16	390.				390.	390.		0.	390.
39	ADJUSTABLE CORNER DESK #1	12/31/15	SL	7.00	NER S	16	1,207.	President Tricket			1,207.	946.	n Harrian Shellon Harris	172.	1,118.
40	ADJUSTABLE CORNER DESK #2	12/31/15	SL	7.00		16	1,208.				1,208.	951.		173.	1,124.
54	CANOPY	10/10/20	SL	7.00		16	2,745.				2,745.	294.		392.	686.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						7,983.				7,983.	5,014.		737.	5,751.
Select States	MACHINERY & EQUIPMENT		ALCONAL CO												
4	(D)PC ACCESSORIES	01/01/90	SL	7.00		16	567.				567.	567.		0.	567.
6	(D)HP PRINTERS	01/31/91	SL	5.00		16	508.		1990 - P. 1995 - Ale		508,	508.		0.	508.

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(D) - Asset disposed

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
8	(D)KODAK PROJECTOR	06/01/88	SL	7.00		16	756.				756.	756.		0.	756.
9	(D)2 HP PRINTERS	12/31/95	SL	5.00	i tori Uhot	16	358.			Allia Microsoft Constant Constant Const Constant Const Constant Const Constant Const Constant Const Constant Cons	358.	358.	Salarita Canada Caracita Militaria Militaria	0.	358.
12	(D)BLOOD PRESSURE CUFF	06/30/95	SL	7.00		16	85.				85.	85.		0.	85.
13	(D)DELIVERY BAGS	08/22/95	SL	10.00	1944) 1944) 1944)	16	4,733.				4,733.	4,733.	Anna Contractor Consulation (Contractor) Anna Contractor	0.	4,733.
16	(D)LCD PROJECTOR	12/31/99	SL	5.00		16	3,222.				3,222.	3,222.		0.	3,222.
17	(D)2 HP 4050 PRINTERS	07/15/99	SL	.000	icing Press	16	1.							0.	1. 1.
18	(D)2 HP 4000T PRINTERS	07/15/99	SL	.000		16	1.	ł			1.	1.		0.	1.
19	(D)FREEZER	10/18/01	SL	10.00	ind the months rates a	16	12,000.				12,000.	12,000.	Constant of Distance	0.	12,000.
21	DELL COMPUTERS	01/01/06	SL	10.00		16	8,344.				8,344.	8,344.		0.	8,344.
22	VARIOUS EQUIPMENT	01/01/06	SL	10.00		16	5,505.	Statistics Statistics	A CONTRACTOR		5,505.	5,505.	Alis Still, Sile Series (Selection (Selection) (Selection)	0.	5,505.
23	(D)LA PINE FREEZER	01/01/06	SL	10.00		16	12,000.				12,000.	12,000.		0.	12,000.
24	COMPUTER EQUIPMENT	01/01/08	SL	5.00		16	3,337.				3,337.	3,337.		0.	3,337.
25	PHONE SYSTEM	12/31/08	SL	10.00		16	3,387.				3,387.	3,387.		0.	3,387.
26	SHIBA COMPUTER	12/31/08	SL	5.00		16	2,675.				2,675.	2,675.	Theorem Providence	0,	2,675.
27	SENIOR BACKPACK	12/31/08	SL	10.00		16	2,402.				2,402.	2,402.		0.	2,402.
28	SOFTWARE	12/31/08	SL	10.00		16	3,191.	and			3,191.	3,191.		0.	3,191.
29	COMPUTERS	06/30/10	SL	10.00		16	1,704.				1,704.	1,700.		0.	1,700.
30	PRINTER	06/22/11	SL	5,00		16	2,200.				2,200.	2,200.		0	2,200.

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(D) - Asset disposed

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	BADGE PRINTER	03/15/15	SL	5.00		16	1,282.				1,282.	1,282.		0.	1,282.
38	HP 4730 PRINTER	12/07/15	SL	5.00		16	1,550.	alle anne alle Alle Alle anne alle Alle Alle anne alle			1,550.	1,550.	<ul> <li>Status Contraction</li> <li>Status Contraction</li> <li>Status Contraction</li> </ul>	0.	1,550.
46	MARKETING PRINTER	10/09/19	SL	5.00		16	2,385.				2,385.	835.		477.	1,312.
47	KITCHEN MIXER	10/09/19	SL	7.00		16	2,535.			AND	2,535.	634.		362.	996.
48	KITCHEN MIXER AND ACCESSORIES	06/09/20	SL	7.00		16	8,375.				8,375.	1,296.		1,196.	2,492.
52	DOUBLE STEAMER	12/31/20	SL	7.00		16	11,434.	nanalisiya Na kasara Chek			11,434.	817.		1,633.	2,450.
53	COMMERCIAL FRIDGE	10/09/20	SL	7.00		16	2,125.				2,125.	228.		304.	532.
65	WALK IN FREEZER	03/11/22	SL	7.00	Photos Participant Participant	16	3,494.	Sector Constants Sector Sector			3,494.			166.	166.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						100,156.				100,156.	73,614.		4,138.	77,752.
ann anns Mach <sup>ar</sup> n	TRANSPORTATION EQUIPMENT											anaria atom Sharafa atom Minani kasari			
32	FORD VAN	09/29/12	SL	7.00		16	27,823.				27,823.	27,823.		0.	27,823.
42	SUBARU OUTBACK	05/24/17	SL	7.00		16	32,894.	Marina and Anna and A Anna anna anna anna anna anna anna an			32,894.	19,187.		4,699.	23,886.
51	2021 FORD TRANSIT VAN	02/16/21	SL	7.00		16	23,127.				23,127.	1,101.		3,304.	4,405.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						83,844.				83,844.	48,111.		8,003.	56,114.
	LAND														
33	LAND	06/30/11	L M L				185,098.	on on the second se			185,098.		ellasi menang manang men	0.	
43	LAND - 5TH ST	06/30/18	L				289,961.				289,961.			0.	
	* 990 PAGE 10 TOTAL LAND		AND	NHONE BIRDS			475,059.	Second Succession Solid Steel			475,059.	0.		0.	0.

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(D) - Asset disposed

M 990 PAGE 10

ORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
56	REMODEL COSTS - 5TH ST	06/30/21	NC	.000	НУ		39,944.				39,944.		antones al local de Stancas de Cardonal de Cardonal de Cardonal de	0.	San Constanting Database San San San San San San San San San San
66	REMODEL COSTS - 5TH ST	06/30/22	NC	.000	нү		177,038.				177,038.			0.	
	* 990 PAGE 10 TOTAL OTHER		Arithman (1) Manusley (1) Manusley (1)				216,982.				216,982.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						,135,700.				3,135,700.	227,582.		46,884.	274,466.
											Michigan Stationer, The Station Restaurs, Michigan Station, Statio				Contraction of the second
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						.,521,803.	alaranga Salaranga Salaranga			1,521,803.	227,582.	Alexandra Alexandra Roman Constant Roman Constant	Antonio Antonio dalla Intereste Antonio Alla Antonio Antonio	260,900.
	ACQUISITIONS						,613,897.			0.	L,613,897.	0.			13,566.
	DISPOSITIONS/RETIRED						42,946.			0.	42,946.	42,946.	Markine Sal		42,946.
	ENDING BALANCE						,092,754.			0.	8,092,754.	184,636.			231,520.
	ENDING ACCUM DEPR LESS DISPOSITIONS						Part House			京「市地市市のは. 」。「市地市市市のは. 」。「市地市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市市		231,520.			
	ENDING BOOK VALUE											,861,234.			
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(D) - Asset disposed